

Associations of Maladaptive Cognitive Schemas and Personality Disorders with Drug Abuse and Addiction Among a Sample of Adolescents

**المخططات المعرفية اللا تكيفية واضطرابات الشخصية المنبئة
على تعاطي المخدرات والادمان لدى المراهقين**

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Abstract

The study aims to identify the prevalence of personality disorders among adolescent addicts and to identify the ability of adaptive cognitive schemas to predict the likelihood of drug abuse, as well as the differences in adaptive cognitive schemas among those who are likely to abuse drugs and who do not have personality disorders, those who are likely to abuse drugs with personality disorders, those who are unlikely to abuse drugs with personality disorders, addicts, and the control sample. The study was based on a sample from the Baghdad city community who frequented popular cafes, consisting of five groups: the first group consisted of 70 individuals who were likely to abuse drugs and had personality disorders, the second group consisted of 24 individuals who were unlikely to abuse drugs and had personality disorders, and the third group consisted of 40 Individuals who are likely to abuse drugs and do not suffer from personality disorders. The fourth group consists of 30 drug addicts, and the fifth group consists of 41 individuals as a control sample.

Targeting measures for drug abuse, a measure of adaptive cognitive schemas, and a personality diagnostic questionnaire were applied. The results were that schizotypal and obsessive personality disorders were among those unlikely to abuse drugs, and the results showed that the most common borderline personality disorders among those likely to abuse drugs and addicts are borderline personality disorder and antisocial personality disorder.

While statistically significant differences were found among those who are likely to abuse drugs and who do not have personality disorders, those who are likely to abuse drugs with personality disorders, those who are unlikely to abuse drugs with personality disorders, addicts, and the control sample. Adaptive cognitive schemas have contributed to predicting the likelihood of drug abuse among potential drug abusers with personality disorders and potential drug abusers without personality disorders.

Keywords: personality disorders, adaptive cognitive schemas, addiction, potential for drug abuse.

الملخص

تهدف الدراسة إلى التعرف على مدى انتشار اضطرابات الشخصية لدى المراهقين المدمنين والتعرف على قدرة المخططات المعرفية التكيفية على التنبؤ باحتمالية تعاطي المخدرات، وكذلك الفروق في المخططات المعرفية التكيفية بين المعرضين لتعاطي المخدرات والذين ليس لديهم اضطرابات شخصية، وأولئك الذين يحتمل أن يتعاطوا المخدرات الذين يعانون من اضطرابات الشخصية والذين من غير المرجح أن يتعاطوها ومدمني المخدرات ذوي اضطرابات الشخصية والعينة الضابطة.

اعتمدت الدراسة على عينة من مجتمع مدينة بغداد الذين يترددون على المقاهي الشعبية المكونة من خمس مجموعات: المجموعة الأولى تكونت من 70 فرداً من المحتمل أن يتعاطون المخدرات ويعانون من اضطرابات في الشخصية، المجموعة الثانية تكونت من 24 فرداً من غير محتمل ان يتعاطون المخدرات ويعانون من اضطرابات في الشخصية، أما المجموعة الثالثة فتتكون من 40 فرداً يحتمل تعاطيهم للمخدرات ولا يعانون من اضطرابات الشخصية في حين المجموعة الرابعة تتكون من 30 مدمن مخدرات، والمجموعة الخامسة تتكون من 41 فرد كعينة ضابطة.

تم تطبيق تدابير الاستهداف لتعاطي المخدرات، ومقياس للمخططات المعرفية التكيفية، واستبيان تشخيص الشخصية. وكانت النتائج أن اضطرابات الشخصية الفصامية والوسواسية كانت من بين أولئك الذين من غير المرجح أن يتعاطوا المخدرات، وأظهرت النتائج أن اضطرابات الشخصية الحدية الأكثر شيوعاً بين أولئك الذين يحتمل أن يتعاطوا المخدرات والمدمنين هي اضطراب الشخصية الحدية واضطراب الشخصية المعادية للمجتمع.

بينما وجدت فروق ذات دلالة إحصائية بين أولئك الذين من المحتمل أن يتعاطوا المخدرات وليس لديهم اضطراب في الشخصية، وأولئك الذين من المحتمل أن يتعاطوا المخدرات مع اضطراب في الشخصية، وأولئك الذين من غير المحتمل أن يتعاطوا المخدرات مع اضطرابات في الشخصية، والمدمنين، والعينة الضابطة. وقد ساهمت المخططات المعرفية التكيفية في التنبؤ باحتمالية تعاطي المخدرات بين متعاطي المخدرات المحتملين الذين يعانون من اضطرابات الشخصية ومتعاطي المخدرات المحتملين الذين ليس لديهم اضطرابات في الشخصية.

الكلمات المفتاحية: اضطرابات الشخصية، المخططات المعرفية التكيفية، الإدمان، إمكانية تعاطي المخدرات.

Introduction

It is obvious that cognitive schemas are the ways the individual deals with information coming from the external environment through the senses, as well as his reaction to the external world, which shows the degree of adaptation to his surroundings, and this adaptation is what determines the type of schemas. Sometimes, it is a sound adaptation and other times it is unhealthy, which results in schemas. Wrong, inconsistent or correct, which gives a wrong interpretation of events and even distorts his perception of information (Mama et al., 2016, pp. 295-295).

Maladaptive cognitive schemas arise from the family as a result of negative experiences nourished by the family and peers, which prevent the child from obtaining his basic needs in a satisfactory manner, and develop over time as a result of the child's attempt to understand his negative experience, which creates various forms of psychological disorders and personality disorders that arise directly or indirectly. Directly when these plans are activated, it leads to depression, inefficiency at work, and lack of adaptation in the environment, which leads to drug abuse (Nordahl, et al., 2005, p.143).

Reports issued by the State Narcotics Control Authority in 2019 confirmed that adolescence is the highest level of addiction, which is the age at which addictive substances begin to be used. They confirmed that the younger the age of the addict, the greater the likelihood of developing disorders arising from abuse, given their effect on the brain.

They stressed that the events of childhood and adolescence play a major role in the ability to abuse, and this is why intervention must be made at an early age.

People with personality disorders often show a tendency to abuse drugs, especially since personality disorders are common medical conditions among addicts. Which contributes to poor adjustment in the development of personality disorders in addition to behaviors that cause abuse (Rezael, et al., 2012, p. 93).

From here, researchers set out to study the prevalence of personality disorders among addicts and their likelihood of drug abuse, and to find out the differences between their likelihood of drug abuse between those with the disorder and those without a personality disorder, and the extent to which maladaptive cognitive schemas contribute to predicting the likelihood of drug abuse.

The Problem of the Study

Addiction is a disorder of substance abuse (psychoactive substances), or dependence on narcotic substances (Robert Lee, 2005, p. 113). Blum (1984) stated that the urgent, compulsive desire on the part of a person to obtain the drug in any way, and that the person finds himself forced to excessive use of drugs, even seeking to secure access to them, has a strong tendency to relapse (Center for Strategic and Policy Studies, 2003). Bojed (2013, p. 72) confirmed that it is a physical, mental, social, and psychological disease. Surrounding factors play a major role in causing it, and research has shown that addicts suffer from some maladaptive cognitive schemas.

Zilberman (2018, p.174) confirmed that personality has a major role in behavioral problems that increase the possibility of developing addiction in some individuals.

Many studies have dealt with the maladaptive cognitive schemas of addicts, such as those of Petrocelli, et al. (2001) and Razavi, et al. (2012). Other studies have also focused on the possibility of predicting addiction, such as Abdul Azim's study (2020) in Malaysia, which dealt with risk and protective factors among drug users in Malaysia. Studies on maladaptive cognitive schemas and personality disorders are almost rare, if not non-existent - as far as the researcher knows, so we headed to study the current research, which investigated the most common personality disorders among the research sample who are likely to abuse drugs, and whether there are statistically significant differences in maladaptive cognitive schemas among those who are likely to abuse drugs and who do not have personality disorders, those who are likely to abuse drugs with personality disorders, those who are unlikely to abuse drugs with personality disorders, addicts, and the control sample. We also investigated the possibility of the contribution of maladaptive cognitive schemas in predicting the likelihood of drug abuse among individuals who are likely to abuse drugs without personality disorders and those who are likely to abuse drugs with personality disorders.

Research Questions

The most common types of personality disorders among a sample of those who are likely to abuse drugs and those who are likely not to abuse drugs and addicts. What are they?

Are there statistically significant differences in the maladaptive schemas of those likely to abuse drugs and those not afflicted with a personality disorder, and between those likely to abuse drugs with personality disorders and those unlikely to abuse drugs, those with personality disorders, addicts, and the control sample?

Do maladaptive cognitive schemas contribute to predicting the possibility of drug abuse?

The Significance of the Study

The study is important in two scopes:

- 1) Theoretical importance: This study is important as it is considered one of the first Arab studies - within the limits of the researchers' knowledge - in the field of maladaptive cognitive schemas as a mediating variable between adolescent experiences and personality disorders. This study identifies the importance of adolescent psychological experiences and their role in creating maladaptive cognitive schemas and personality disorders in adolescents.
- 2) Practical importance: The study reveals the relationship between maladaptive cognitive schemas and personality disorders among addicts as a risk factor for pushing adolescents to addiction. Identifying maladaptive cognitive schemas and personality disorders among addicts also improves the results of treatment that addicts undergo. In addition, it helps to

conduct counseling and preventive programs for those targeted by addiction.

Aims of the Study

The study aims to find out the most common types of personality disorders among those who are likely to abuse drugs and those who are unlikely to abuse drugs. The study also aims to find out the differences between the maladaptive cognitive schemas of those likely to abuse drugs who do not have personality disorders, those likely to abuse drugs with personality disorders, those who are unlikely to abuse drugs with personality disorders, addicts, and the control sample. The study also aimed to determine the role of cognitive schemas in predicting the likelihood of drug abuse among a sample of potential drug abusers without personality disorders and potential drug abusers with personality disorders.

The Limits of the study

The study is limited to the following:

Objective limits: represented by studying maladaptive cognitive schemas and personality disorders that predict drug abuse and addiction.

Human limits: It is limited to a sample of adolescents of both types (males and females) who frequent cafes in the city of Baghdad.

Spatial boundaries: Baghdad city and its suburbs.

Time limits: 2023.

Terminology of the Study

Maladaptive Cognitive Schemas:

Cognitive schemas are visualizations or emoticons used to organize and represent cognitive information in human memory. Cognitive schemas are important tools in the process of learning, remembering, and thinking, as they help organize concepts, information, and the relationships between them, and contribute to understanding and solving ideas and problems. Knowledge diagrams are also effective tools in communicating and interacting with others, as they can be used to simplify, clarify, and exchange information in an easy and understandable way. Cognitive diagrams may take different forms such as infographics, symbolic diagrams, text diagrams, etc.

Schemas were defined by Martin and Young (Maetin & Young, 2010) as non-adaptive cognitive patterns that reflect the brokenness and defeat of the self, starting from childhood and extending throughout the individual's life. They are memories, emotions, themes, perceptions, and feelings related to physical sensations and experiences of adaptation with others. They are the individual's reflection of himself and his relationship with others, and what role it plays in determining what an individual thinks, feels, and interacts socially, as they affect the individual's ability to express himself.

Young developed a measure to obtain the degree of early non-adaptive schemas in his well-known questionnaire (Young schema-short form, YSQ-SF, 1994). Schemas, according to Young, are part of an individual's behavior throughout his life, which serve as cognitive frameworks that

allow individuals to classify, organize, and integrate information (Young, Klosko & Weishaar, 2006, p. 5-7).

Farazmand, et al. (2015) explained that schemas are widespread patterns consisting of memories, perceptions, emotions, and feelings about oneself and his relationship with others. These feelings and perceptions develop in the individual throughout his life, and these memories are from the scent of the past in the form of abuse, failure to meet safety needs, or Lack of natural human resources or migration, and these plans develop into an inability to adapt, and may lead later to psychological and behavioral disorders (Farazmand, et al., 2015, p. 204).

Cognitive theory assumed that the response of individuals according to maladaptive plans is often rigid, subjective, and defeatist in the form of drug abuse, and daily events and mood states have a role in developing these plans and are at their highest in events and mood states that suffer from dysfunction and cause emotional disturbance (Shorey, et al., 2013, p. 913). Jung classified maladaptive cognitive schemas into five areas:

The first area is separation and rejection, which is the possibility of expecting abandonment and separation from others in an unreliable way for the needs of support or deprivation and neglect.

The second is limited to autonomy and poor performance. It is a lack of expectation and the inability to perform tasks appropriately. Here begins the loss of destiny and the inability to survive and is vulnerable to diseases.

The third area revolves around the individual's expectation that he is the best and has a feeling of

superiority; it is called the weakness of restrictions or boundaries, which is in the form of the inability to restrain emotional expressions.

The fourth domain is orientation towards others, and this means he puts the needs of others before his own needs.

The fifth and last domain is that of the excessive caution and repression, which means that the individual expects his life to be painful and difficult (Helpful, 2017, p. 52-54).

Personality Disorders:

Tannenbaum & Rodzen (2021, p.467) defined it as long-term patterns of behavior that deviate from the culture of the individual in which he lives. People with personality disorders often face difficulty in their feelings and dealing with stress, and they act impulsively, which makes it difficult for them to deal with others and this affects their family life and social activity.

Personality disorders appear in the performance of aspects of the self, such as identity, self-esteem, and self-direction; or dysfunction with others, such as in the inability to develop a close relationship and understand the points of view of others. If it persists for a long period, it shows disturbances in cognitive patterns, emotional expression, and maladaptive behavior that emerges in an instant. From personal and social situations, the disorder is associated with great distress in the areas of personal, family, educational, professional, and other important areas of performance (AL Hammadi, 2021, p. 990).

There are certain characteristics that cause an individual to disturb his harmony with himself and his environment or to feel unhappy, and due to the generality of personality

disorders, the individual cannot see a problem with the characteristics of his personality. For this reason, the diagnosis of a personality disorder is what causes the individual to feel more unhappy than usual, and the disorder may cause suffering even to the people surrounding this individual (Arar, et al., 2015, p. 27).

Drug Addiction:

The World Health Organization described addiction to drugs in (1952) and (1957) as a state of chronic intoxication resulting from the desire to abuse and the tendency to increase the dose with psychological and physical dependence in most cases, causing damage to the individual and society. The World Health Organization defined it as a state of anesthesia, temporary or chronic harm to the individual and society caused by repeated consumption of a drug or natural drug, where there is an urgent desire or need to continue using the drug and obtaining it by any means.

Narcotics are substances that have a strong catabolic effect on the human nervous system. The narcotic substance contributes to insensitivity to pain, coma, and sleep depending on the amount of the substance given. A narcotic is any substance that numbs the body, whether natural or artificial, through inhalation, swallowing, or injection, and affects it, changing its sensations and some of its biological and physiological characteristics. Repeated use of these substances results in serious damage to physical and mental health and their impact on the individual and society.

Adolescence:

Adolescence is a Latin word derived from the verb 'adpllescere', meaning growth toward maturity. It is a stage of transition and growth from immaturity to maturity and a period of preparation for the future (Raghda, 2007, p. 128). This means it is the bridge between the stages of childhood and maturity, and the individual must cross it in order to be fully developed for the purpose of bearing the responsibilities of adults in their society. It is rich in changes and rapid gains in all cognitive, social and psychological aspects. It is between the ages of 11 and 17 years, and it represents a stage of rapid growth that leaves its effects on extending an individual's life.

Previous Studies

Drugs are one of the dangerous manifestations that destroy the individual and society, so researchers have dealt with them in many aspects, especially in the areas of treatment and awareness. An example of these studies is:

A study (Ball & Cecero, 2001) that aimed to detect maladaptive cognitive schemas in opiate addicts with personality disorders. The researcher used the Young Scale of Cognitive Schemes and the Personality Disorders Scale according to the Diagnostic Manual of Mental Illnesses for a sample of (41) addicts who have at least one disorder, and the results showed avoidant personality disorder is characterized by submissiveness.

As for emotional repression and lack of confidence, it has been linked to antisocial personality disorder, while borderline personality disorder has been linked to the abandonment and instability schema, and depressive

personality disorder has been linked to five schemas (mistrust and failure, defect, shame, social isolation, and submission schema).

As for the study (Bojed & Nikmanesh, 2013), which dealt with maladaptive schemas in the probability of addiction among young people, the sample was 260 students (159 female students, 101 males), and the study confirmed the existence of a significant and positive relationship between maladaptive schemas and the probability of addiction.

Shorey, et al.'s study (2014) focused on finding out the differences in the maladaptive cognitive schemas of drug users with personality disorders and of those without a personality disorder. The sample was (98) individuals, and their results showed that there is a link between antisocial personality disorders and drug abuse, as it was found. There are differences between drug users and those with and without antisocial personality disorder in the five areas of maladaptive schemas (separation and rejection, lack of autonomy, weak restrictions or boundaries, orientation toward others, and excessive caution). The results were that there were differences between drug users.

As for the study of Kunst et al. in 2020, it aimed to identify the relationship between maladaptive schemas and dependent, obsessive, and avoidant borderline personality disorders. The sample was composed of (130) patients in one of the psychiatric treatment centers, and the study showed the existence of a significant correlation with all maladaptive cognitive schemas. And borderline personality disorder. The obsessive personality was associated with all schemas except abandonment, instability, mistrust, and abuse schema.

Dependence was associated with all schemas except the emotional deprivation schema, the attachment schema, immaturity, and the illness and harm schema. Avoidant personality disorder was associated with all schemas except the attachment schema, immaturity, and the illness schema. Illness and harm.

Abdel Azim's study revealed in 2020 the structural model that explains the mediating role of psychological resilience between maladaptive cognitive schemas and addiction among a sample of university students. The sample amounted to (1501) male and female students, and the results confirmed a statistically significant effect of maladaptive cognitive schemas (deprivation). Emotional, skepticism, shame, entitlement, and self-sacrifice) on the likelihood of addiction among university students.

Comments on Previous Studies:

By reviewing previous studies, the researcher found that few studies addressed the risk factors for possible drug abuse, such as the study of Abdel Azim (2020), and the study of Bojed & Nikmanesh (2013), while some of them were interested in studying maladaptive cognitive schemas and personality disorders among addicts, as in the study of Ball & Cecero (2001) and in the study of Shorey, et al. (2014) and the study of Kunst et al. (2020), and the researcher did not find a study that focused on the differences (to the researcher's knowledge) among the maladaptive cognitive schemas of drug abusers with a personality disorder and those who are likely to abuse drugs without a personality disorder, addicts and normal teenagers. So, the researcher was interested in presenting his research hypotheses and researching this field.

Study Procedures

1) Study Methodology:

As a result of the nature of the goals that the researcher seeks in the current study and through the questions that can be answered by the researcher in a way that suits the limits and objectives of the research, the descriptive method was used in both parts (comparative and correlational), where the correlational method was used in the study, while the descriptive-comparative method was used in order to study the differences between the individuals in the study sample. The current research adopted the comparative descriptive approach in the process of collecting and analyzing data, as descriptive research is one of the most common approaches in organized scientific interpretation to describe a specific phenomenon or problem and depict it quantitatively by collecting data and standardized information about the phenomenon and subjecting it to study (Franekle & Wallen, 1993, pp. 3-9).

It is important for researchers to have accurate descriptions of the phenomena they study before they can achieve significant progress in solving problems. Descriptive research is sometimes the only method that can be used to study social situations and aspects of human behavior. The descriptive approach has led to the development of many research tools. It also provided us with some means to study phenomena that some other methods cannot trace (Van Dalen, 1997, pp. 229-335).

2) Research sample:

The fact that the population studied in the research is large-scale –which constitutes difficulty in controlling its vocabulary – led the researcher to take a sample that is representative of the population, subject to study, and its results are circulated to the studied population after that. The sample is the partial group of the population, and the size of the sample is the number of its vocabulary, and the study is usually conducted. On the sample, the more the sample is chosen correctly and faithfully represents the population, the more honest and accurate the results will be. Choosing a stratified random sample according to Ebel's criterion, which indicates a large sample size and capacity, is a preferred framework (Ebel, 1972, p. 290). While Nunnally indicates that the sample size depends on the number of scale items, he specifies that the ratio of the number of sample members to the scale items should not be less than (5:1) in order to reduce the occurrence of chance (1981, p. 162).

The sample consisted of 427 individuals (233 males, 194 females) from the city of Baghdad. Their ages ranged between (11-17 years) with an average of (14 years) and a standard deviation of (1.28). The researcher prepared individuals who abused according to the criterion of obtaining the highest average score of 1 standard deviation for the total score of the targeting scale for drug use for a sample of 110 individuals who were likely to abuse drugs. Individuals who were unlikely to abuse drugs were also identified according to obtaining the lowest average score of 1 standard deviation for the total score of the targeting scale. For drug abuse, from the total sample, which consisted of 65 individuals who were unlikely to abuse drugs.

Research sample	n
Possible drug abusers who do not have personality disorders	40
Possibly addicted and suffering from personality disorders	70
They are unlikely to abuse and have a personality disorder	24
Addicts	30
Control sample	41

After that, the Personality Disorders Scale was applied to identify those with and without the sample (likely, unlikely) who abused drugs. Therefore, the number of people who were likely to abuse drugs and were afflicted with the disorder reached 70 individuals, while the number of people who were unlikely to abuse drugs and were afflicted with the disorder reached 24 individuals.

3) Study Tools:

We have three basic measures. Validity and reliability were extracted from a sample of (146) individuals. These measures are:

First: A Measure of Maladaptive Cognitive Schemas (The Maladaptive Schema Questionnaire Form “MSQ-SF”):

The scale was translated into Arabic by Mohamed Al-Sayed and Mohamed Ahmed in 2015 and was prepared by Jeffrey Young. The scale consists of (75) items distributed over (15) domains, each with (5) items for each domain. The domains were (abandonment, emotional deprivation).

Instability and skepticism, loneliness, defect, social isolation, failure, dependency (delusion of harm, submission, attachment, self-sacrifice, strict standards, emotional

repression, megalomania, and inability to control oneself) the grades range from (1-6).

Reliability was calculated using (Chrombach's alpha). The domains had high reliability coefficients between 0.597 and 0.93, and by splitting the scale in half, it was 0.97, which means that it is high according to the Guttman coefficient.

As for the validity, it was extracted through the factorial validity of the domains, and the percentage was 68%.

Second: Targeting Scale for Drug Abuse:

1) Behavioral deviations measure:

In 1999, the permanent program for drug abuse research was prepared by Suef and others. It consisted of twenty statements about a group of behavioral deviations spread in society. In 2017, it was modified by Mustafa Salah, and the researcher modified it somewhat.

Reliability was calculated using the split-half method, where the reliability coefficient was (0.78), and then corrected with Spearman's coefficient, so the correlation coefficient was (0.88), which is high and acceptable.

The researcher created a survey sample consisting of (146) individuals in order to extract honesty. He made a peripheral comparison between those who obtained the highest and lowest scores (0.25), and it was statistically significant.

2) Exposure to drug culture measure:

Mustafa Salah (2017) reformulated some items consisting of (25) items in the form of questions about the extent of exposure to drug culture, starting from smoking cigarettes to shisha, alcohol, psychiatric medications, stimulants, and hypnotics, and after applying the scale to the Iraqi environment, the scale was modified and reliability was extracted using the method. Split in half, so that the correlation coefficient between the two halves of the scale was (0.85). As for validity, it was used to measure the discriminant validity of the scale on members of the exploratory sample.

Scale of false beliefs about drugs:

Prepared by Mustafa Salah (2017) it consists of 30 items revolving around the beliefs that an individual has about narcotic psychological substances such as cigarettes, alcohol, psychotropic medications, and stimulants. The researcher made some modifications to it and made it from three alternatives (agree, neutral, and disagree). As for its stability, it was halved, where it reached the correlation coefficient was (0.81) and was corrected with the Spearman-Brown equation and was (0.90), which means it is high and acceptable. As for honesty, it was measured by calculating discriminant validity on members of the survey sample.

Third: Personality Diagnostic Questionnaire:

Prepared by Stephen Hyler and Arab Abdullah Askar in 2010, it consists of 99 paragraphs covering (12) personality disorders according to the fourth and third diagnostic manuals, and these disorders are (schizotypal, paraschizotypal, paranoid, exhibitionistic, narcissistic, negative, borderline, avoidant, and dependent). (Depressive, and antisocial) The reliability of the scale was calculated and was (0.73), which is an indicator of the acceptability of the reliability coefficient.

Findings (Answering the Question)

Results of the First Hypotheses:

The first hypothesis created personality disorders among those likely to abuse drugs, those unlikely to abuse them, and addicts. They emerged as a higher percentage in borderline disorders at a rate of (78.6%), in the form of antisocial disorders, the second ceiling at a rate of (60%).

As for those who were unlikely to abuse them, those with personality disorders were schizotypal in first place, followed by obsessive and then avoidant personality. As for addicts, it was borderline personality disorder and then antisocial personality disorder. The table below shows in detail the resulting percentages.

Personality disorders	Drug users with personality disorders=70		Non-drug users with personality disorders=24		Addicts=30	
	N	%	N	%	N	%
Borderline	55	78.6	12	50	24	80
The anti-social	42	60	3	12.5	20	66.8
Persecutory	25	35.71	10	41.7	10	33.3
Schizotypal	12	17.1	20	83.3	2	6.67
Schizotypal	10	14.3	50	12	2	6.67
Depressive	12	17.1	15	62.5	8	26.7
Dependent	10	14.3	8	33.3	0	0
Avoidant	6	8.75	16	66.7	0	0
Narcissistic	10	11.4	7	29.2	0	0
Obsessive	8	11.4	19	76.3	4	13.3
Passive-aggressive	10	14.3	15	62.5	2	6.67
Show personality	7	10	9	37.5	2	6.67

The results of this study showed that borderline personality disorders are the most common, followed by antisocial personality disorder. The study agreed with the study (Cohen, Chen, Crawford, Brook & Gordon 2007), which showed that the most common disorders are histrionic personality disorders, while it agreed with the current study that the personality disorders are ranked second. Obsessive compulsiveness is the second most common disorder in a sample of people who are unlikely to abuse and suffer from a personality disorder.

The study agreed with the study of Di Giacomo, et al. in 2018, which showed that about 20% of women have

borderline personality disorders. The study also confirmed that personality disorders contribute in addiction support.

Results of the Second Hypothesis:

When asking the question whether there are statistically significant differences in maladaptive cognitive schemas between drug users without personality disorders, drug users with personality disorders, non-drug users with personality disorders, addicts, and the control sample, Kruskal-Wallis test was used to verify the validity of this requirement, and the results showed that there were differences in the groups. In the five areas of the maladaptive cognitive schema scale, the non-afflicted drug users obtained average scores higher than the average scores of the control sample in the schema (isolation, emotional deprivation, skepticism, failure, dependency, delusion of harm, self-sacrifice, emotional repression), and higher than the average scores of addicts in standards of rigor and agreement. Addicts obtained higher average scores than drug abusers who did not suffer from personality disorders in each of the schemes (abandonment, emotional deprivation, submissive attachment, self-control, stability, social isolation, and attachment and submissiveness).

Potential drug abusers with personality disorders obtained average scores higher than the average scores of the control sample on the self-sacrifice chart and the acquiescence chart. While those who were likely to abuse drugs with personality disorders obtained average scores higher than the average scores of the control sample in each of the schemes (instability, emotional deprivation, abuse, shame, social isolation, failure, hypochondria, dependency, submission, self-sabotage, submission, sacrifice).

In particular, emotional repression, megalomania, strict standards, megalomania, and inability to control oneself. Potential drug abusers with personality disorders obtained average scores higher than the average scores of addicts on each of the schemes (dependence, self-sacrifice, and deserving of greatness). Potential drug users with personality disorders also received a higher average score than the average score for non-likely drug abusers with personality disorders on the failure chart. Non-likely drug users with personality disorders also had higher mean scores than likely drug users with personality disorders on the strict criteria chart.

The results of the current study agreed with several studies, such as the study of Rezaei, et al. in 2012 and the study of Kazemi, et al. in 2015, which were conducted on addicted prisoners and non-addicted prisoners in maladaptive cognitive schemas, which confirmed the existence of a difference between addicts and non-addicted prisoners. Addicts performed poorly in the field of autonomy and self-indulgence. It also agreed with the study of Kakavand, et al. in 2018, which focused on studying adaptive and impulsive cognitive schemas among addicts and non-addicts on a sample of 120 in the Qazvin Glass Factory (60 addicts, 60 non-addicts). The results showed differences in the areas of lack of autonomy, poor performance, orientation towards others, excessive caution and repression, and indicated that impulsivity and adaptive cognitive schemas are a basic factor in the possibility of addiction. The results of Roper, et al.'s study (2010) focused on examining adaptive cognitive schemas and anxiety.

And depression among a sample of alcoholics and a non-alcoholic sample, as it agreed with the results of the current study in the presence of differences between addicts and non-addicts in 13 plans in the direction of addicts, with the exception of the plan of strict standards and self-sacrifice out of 15 plans.

Results of the third hypothesis:

These results state that “adaptive cognitive schemas contribute to predicting the likelihood of drug abuse among a sample of potential drug abusers without personality disorders and potential drug abusers with personality disorders.” To verify the validity of this hypothesis, simple regression coefficients were calculated between the study variables and that adaptive cognitive schemas made a significant contribution to predicting the likelihood of drug abuse among potential drug abusers who do not have personality disorders.

The self-sacrifice schema accounted for about 34% of the variance in the total score of the Drug Abuse Targeting Scale, followed by the Dependency Schema, which explained about 23% of the variance in the total score of the Drug Abuse Targeting Scale. Emotional deprivation and instability also accounted for the variance of the total score of the Drug Abuse Targeting Scale. It accounted for 19%, followed by the social isolation chart, which accounted for about 15% of the variance of the total score for the drug abuse targeting scale, followed by the inability to self-control chart, which accounted for 13% of the variance of the total score for the drug abuse targeting scale.

Adaptive cognitive charts also showed a predictive ability for the probability for drug abuse among those who are

likely to abuse drugs with personality disorders, the inability to self-control diagram accounted for 31% of the variance of the total score of the targeting scale for drug abuse, and the straw diagram explained about 22% of the variance of the total score for the targeting dimensions for drug abuse.

Discussion of Results:

The results of the current study confirm the presence of many maladaptive schemas in both addicts and potential drug abusers, such as schemas of emotional deprivation, abandonment, emotional repression, attachment, instability, abuse, distrust, self-destruction, and inability to self-control, which include the absence of attention, warmth, understanding, listening, and the expectation that others will harm and abuse them. They deceive them, lie to them, and explain that it happened intentionally and in an unjustified way.

Likewise, violence and aggression suppress anger and they are unable to control their emotions. The researcher saw, through the results of the current study and the results of previous studies, that schemas have a pivotal role in the emergence and continuation of addiction. The presence of these maladaptive cognitive schemas sheds light on the patterns of socialization that children receive from parents, and that the early stages of socialization have a clear role in the formation of maladaptive schemas and have contributed. These plans arise from a lack of safety, situations of psychological abuse, physical violence, and emotional abuse. Thus, young people resort to deviant patterns of behavior, such as drug abuse, as a way to avoid feelings of failure, guilt, and pain.

If we look at Young's literature, we find that there are reasons and experiences that cause children to acquire maladaptive plans, including that the child does not obtain the basic needs of sympathy, affection, and guidance, or that the child is a victim of parental tyranny, or that he was exposed to psychological trauma, or that the child received excessive protection or excessive freedom.

After that, the plans become fixed and established when they are reinforced by the parents, and the reasons for the stability of these plans are that they are not stored logically in the part of the brain - the amygdala - rather than the part that is capable of logical analysis (Lyrakos, 2014, p. 461). This is confirmed by cognitive theory, which emphasizes that emotional abuse in childhood has a profound impact and can result in cognitive impairment (Hankin, 2005, p. 645).

Hence, we see that maladaptive cognitive schemas have a clear role in performance and ways of dealing with situations, and these results are consistent with the theory of cognitive schemas, which confirms that schemas have a prominent, direct and indirect role in behavioral disorders that cause anxiety, guilt, and distress, which portends the possibility of developing and continuing addiction among addicts.

Recommendations

Guidance programs must be designed to modify and improve maladaptive plans and design preventive guidance programs in order to reduce behaviors associated with drug abuse to protect young people from the danger of addiction and drug abuse, and emphasis must be paid to socialization in order to build a healthy individual who is not afflicted with personality disorders or afflicted with addiction. This calls for introducing families to educational courses on the individual's self-building and protecting him from external dangers. The involvement of psychotherapists and psychological cadres in advanced therapeutic courses outside the country must also be strengthened. Psychological centers are monitored by specialists in order to follow modern techniques and methods in accordance with the latest international standards.

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